

STATE OF WASHINGTON) Warrant/Check No(s) . _____
) _____
 _____ COUNTY) Fund _____

- *Beginning July 1, 2005, the \$10,000 is increased by OFM based on the Seattle CPI).

OFM/11'03

CLAIM FOR INDEBTEDNESS OF STATE OF WASHINGTON TO DECEASED EMPLOYEE
MULTIPLE CHILDREN - continued

Signature of Claimant Date

Subscribed to and sworn before me this _____ day of _____, 20____.

*Notary Public for the State
Of Washington, residing at*

_____.

Signature of Claimant Date

Subscribed to and sworn before me this _____ day of _____, 20____.

*Notary Public for the State
Of Washington, residing at*

_____.

*Note:
Additional signature
lines may be added
as needed.*